

DENTAL HISTORY

NAME _____

DATE _____

1. Please tell me about your previous dental experiences. Anything you feel that may be significant.

2. Are you aware of any problems in your mouth at this time? If so, what are they?

3. How do you feel about the way your teeth work or chew?

4. Do you ever have any problem with your jaw joints when you chew, such as clicking, popping or grinding noises?

5. Have you ever had an injury to your jaw?

6. How do you feel about the way your teeth look? Your Smile?

7. If you could change anything about your teeth or your smile, what would it be?

8. How do you feel about the work that has been done for you in the past?

9. How do you feel about your previous dentist?

10. What kinds of things do you do to maintain your teeth?

11. How can we help you get what you want from our practice?

12. In our work together, are there any other considerations we should know about in order to serve you better?